

REAL ESTATE EDUCATION P.O. BOX 9015 OLYMPIA, WA 98507-9015

## **Secondary Provider Course Content Approval Application**

(WAC 308-124H-026)

FOR VALIDATION ONLY

For Courses Already Approved Original Provider/Course Devel								
<b>Do Not</b> use this application for Real Estate Practices, of						it, Real E	state Law, Business	
Check the box below that applies, and  Original Approval		# if you mark newal - Co						
Check the medium by which this course  Live Lecture	☐ <b>Dis</b> If you  Appr	tance Edu	I <b>cation –</b> x, please con on (form RE-	Delivery plete and -620-126)	y Method l attach a Dista with this app	nce Educ	Education eation Delivery Method nless this course has	
Provider Information  NAME OF PROVIDER							SCHOOL ID NO.	
ADDRESS (Street, P.O.Box, Suite #)								
CITY	CITY			STATE ZIP (			CODE	
TELEPHONE NO. FAX NO.			E-MAIL ADDRE			SS		
CONTACT PERSON					TELEPHONE NO. (If Different)			
Course Information								
COURSE TITLE								
ORIGINAL PROVIDER/COURSE DEVELOPER COL	JRSE ID NO.	NUMBER OF CL	OCK HOURS	EXPIRATIO	N DATE			
ORIGINAL PROVIDER/COURSE DEVELOPER SC						SCHOOL I	SCHOOL ID NO. (If Applicable)	
Please include the following w  • Written authorization by the original	education	provider/cou	rse develor		_	he cours	se content;	

- If this course will be delivered using a distance education delivery method, please complete and attach a Distance Education Delivery Method Approval Application (form RE-620-126), unless this course has been certified by ARELLO for your school;
- ARELLO certificate, if applicable.

#### All information and requested materials must be provided or the application will be returned to you

I declare under penalty of perjury that my answers and all information provided by me herein are true and correct.

v	Data
^	Date
School Administrator's Signature	

# Instructions for Completing the Secondary Provider Course Content Approval Application

- 1. Check the appropriate box for Original Approval or Renewal. You may only check the Renewal box if there are no changes in course. If you do check the Renewal box, please enter the ID# for the course.
- 2. Please check the medium by which this course is delivered and enter type of delivery method if you mark Distance Education. If you check this box, you will also need to complete and attach a **Distance Education Delivery Method Approval Application** with this application, unless this coursehas been certified by ARELLO for your school.

#### **Provider Information**

- 1. Provider name and ID number: Use the approved name your school was approved under and use the appropriate approval number issued to you.
- Address, telephone number, fax number, and e-mail address: Include PO box and suite number, if applicable.
- Contact person and telephone number: List the name of the contact person for this school. Include the telephone number where the contact person can be reached, if different than the school telephone number.

#### **Course Information**

1. Course title: Use the exact course title used by the original provider/course developer.

- 2. Original provider/course developer course ID number, number of clock hours, and expiration date used by the original provider/course developer. Be sure to contact the original provider/course developer of the course for any updated information concerning the course. Occasionally courses must be moderately updated or revised. This can result in the issuance of a new course ID number. Also be aware of the expiration date affecting the course. The original provider has submitted this course for renewal and therefore has a new expiration date. This expiration date will be your expiration date, also.
- Original provider/course developer and school ID: This is the name and ID number for the original provider/course developer from whom you received authorization to use this course.

### **What to Include With This Application**

- 1. Please include a written authorization by the original education provider/course developer permitting use of the course content.
- If this course will be delivered using a distance education delivery method, please attach a completed Distance Education Delivery Method Approval Application (form RE-620-126), unless this course has been certified by ARELLO for your school.
- 3. Attach the ARELLO certificate if this course has been certified through them for your school.

Incomplete or unsigned applications will not be processed

Completed applications are processed within 45 days of our receipt.

Upon filing, this application becomes a public record and is subject to public disclosure provisions pursuant to RCW 42.17